## Kentucky Board of Nursing 312 Whittington Pky, Suite 300 Louisville, KY 40222-5172

502-429-3300 or 800-305-2042

## **APPLICATION FOR LICENSURE**

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Print clearly using capital letters and black ink. Refer to instruction sheet before completing this application.

## APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

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Section 4: Nursing Education ————————————————————————————————————
List the name of the program of nursing that is the basis for this application:
City State Country (If Not U.S.A.)
Month 9 Very Conducted Time Newsian Programs
Month & Year Graduated Type Nursing Program:  Tech/LPN  RN Diploma  ADN/AAS  BSN Other List Type
Additional Education: (Attach resume on a separate sheet if additional space is needed)
School Name OFFICE USE
City State
Month & Year Graduated
- Degree Earned:
If your nursing education was received outside of the U.S.A., you must obtain a VisaScreen Certificate. See the instructions
for additional information.
- Section 5: Disciplinary
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If you answer "yes" to any of these questions, your application will not be processed until the following documents are received:
1. Submit a detailed letter of explanation for each action taken.  2. Attach a certified copy of the Board's action.
Darken the appropriate circle and print in the boxes provided below.  If yes, list STATE and YEAR  If yes, list STATE and YEAR
Have you ever been denied a nursing license? Yes No No
(For reasons other than failure to pass State Board Exam/NCLEX)
Have you ever had any disciplinary action on your nursing license or your privilege to practice nursing in any state(s)?  Yes No
Do you have disciplinary action or a complaint pending on your nursing license or your privilege to practice in any state(s)?  Yes No
Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program?
- Section 6: Criminal History ————————————————————————————————————
You must REPORT:  You must REPORT:  You must REPORT:  Your application will not be processed until you SUBMIT the required documents listed below.
1. All felony convictions ever received Certified Court Documents & Detailed Letter of Explanation
2. All misdemeanor(s) received within 5 years of the date of application Certified Court Documents & Detailed Letter of Explanation
3. All DUIs Certified Court Documents & Detailed Letter of Explanation
4. All misdemeanor(s) received prior to 5 years of the date of application No Documents Required
Note: Traffic violations OTHER than DUIs do not need to be reported.
If yes, list STATE and YEAR If yes, list STATE and YEAR
Have you ever been convicted of a misdemeanor(s)? Yes () No ()
Type of conviction:
Have you ever been convicted of a felony(s)?  Yes No   If yes, list STATE and YEAR   If yes, list STATE   If ye
Since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies? Yes O No O

Section 7: Answer ONLY if you are Employed in KY as a RN or LPN
Date of Kentucky Employment:
City         Employer'sTelephone #
Section 8: Application for Licensure by Examination (Valid for One Year)
All examination applicants are required to complete a 120 hour clinical internship after receiving a provisional license. You must register with the NCLEX test service before you will be made eligible to test. A <b>criminal history report</b> obtained from the Administrative Offices of the Court must be submitted with this application. <b>See the instruction sheet for any additional information.</b>
PROVISIONAL LICENSE: A provisional license will be issued within 14 business days of receipt of all the following:
<ol> <li>Completed application to KBN for licensure.</li> <li>Criminal History Report.</li> <li>Evidence of completion of a program of nursing.</li> </ol>
Have you previously had a provisional license issued by KBN? Yes O No O If yes, was it for: RN O LPN O
See the instruction sheet for additional information on receiving an Authorization to Test (ATT).
RETAKING NCLEX:
Have you previously taken NCLEX? Yes O If yes, was it for: RN O In what state(s)?
No C LPN In what state(s)?
If you were unsuccessful on NCLEX, you must:
<ol> <li>Reapply to KBN: Application for licensure, fee, and current criminal history report.</li> <li>Re-register with Pearson/VUE (NCLEX) and pay the required fee.</li> <li>See instruction sheet for additional information on eligibility for NCLEX and Clinical Internship.</li> </ol>
ROLE DELINEATION COURSE:
Graduates from a RN program of nursing may sit for NCLEX-LPN after they:
<ol> <li>Are unsuccessful on NCLEX-RN, and</li> <li>Submit evidence of completion of a role delineation course, and</li> </ol>
Submit an application for licensure.
If applicable, list the name of the LPN role delineation course you completed:
School Name Date Completed
Graduates from an out-of-state program of nursing (PON) must submit:
1. An official transcript, <b>OR</b> the PON must submit a certified list.
<ol> <li>Evidence of completing 2 hours of CHS approved HIV/AIDS continuing education within 6 months of the date a Kentucky nursing license is issued. Signing this application constitutes an agreement that such evidence will be submitted. Failure to do so will result in disciplinary action.</li> </ol>
Section 9: Application for Licensure by Reinstatement (Valid for One Year)
Select ONE of the following:
A library practiced EOO hours within the past E years as a nurse in another state
You must submit:
■ Verification of employment (Attachment 1); AND
<ul> <li>A copy of an active nursing license from that state at the time of employment; AND</li> <li>Proof of earning 3 contact hours of KBN approved domestic violence continuing education.</li> </ul>
I have NOT practiced 500 hours within the past 5 years as a nurse.  You must submit:
<ul> <li>Proof of earning 120 KBN approved continuing education hours, earned within 1 year of the date of application; OR</li> </ul>
<ul> <li>Proof of completing a KBN approved refresher course, earned within 2 years of the date of application; AND</li> <li>Proof of earning 3 contact hours of KBN approved domestic violence continuing education.</li> </ul>
My Kentucky nursing license lapsed within the past 5 years. Contact the reinstatement licensure specialist for specific requirements.

- Section 10: Application for Licensure by Endorsement - Valid for 6 Months
State
Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.
Select ONE of the following:
O I have been licensed less than 5 years.
I have practiced 500 hours within the last 5 years.
I have not practiced 500 hours in the last 5 years but have been licensed in another state longer than 5 years. <b>Contact KBN for requirements.</b>
Applicants for endorsement must submit:
<ol> <li>A fingerprint card issued by KBN (and additional \$24 processing fee).</li> </ol>
<ol> <li>Verification of original licensure. NurSys Form or Attachment 2</li> <li>Evidence of having earned 2 contact hours of KBN approved HIV/AIDS education. Contact hours must not be earned more than</li> </ol>
2 years prior to date of application.
4. An official transcript (see the instruction sheet for additional information).
Provide the following information regarding your last two employers:
Name of Employer 1
Contact Person
City State Zip
T-locker #
Telephone #
Name of Employer 2
Contact Person
City State Zip
City State Zip
Telephone #
Length of Employment
New Graduates Only: A provisional license will be issued within 14 business days of receipt of 1 and 4 above. See instructions for
additional information.
I have practiced 120 hours in the same licensure type for which I am applying. Yes No
- Section 11: Responsibility and Accountability of Kentucky Licensed Nurses
KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions
that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.
Section 12: Attestation Statement
I certify that I am the person referred to in the foregoing application for licensure in Kentucky; that I am not in default of a student loan administered
by the Kentucky Higher Education Assistance Authority (KHEAA), that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN, that all statements contained herein and on all attachments are true and correct in every respect; and
that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is
subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I declare my
primary state of residence to be the state as indicated in Section 3 of this application.
Applicant's Signature —
Office Use Only ————————————————————————————————————
HIV/AIDS in PON: 2/2006